

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09/727639 FILING DATE
APPLICANT(S)

1713

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1					1		51						
2						1	52						
3						1	53						
4						1	54						
5						1	55						
6						1	56						
7						1	57						
8						1	58						
9						1	59						
10						1	60						
11						1	61						
12						1	62						
13						1	63						
14						1	64						
15					1		65						
16						1	66						
17						1	67						
18						1	68						
19						1	69						
20						1	70						
21						1	71						
22						1	72						
23							73						
24							74						
25							75				1		
26							76					1	
27							77						1
28							78						
29							79						
30							80						
31							81						
32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.		1			3	1	TOTAL IND.		1				1
TOTAL DEP.					23		TOTAL DEP.						
TOTAL CLAIMS					26		TOTAL CLAIMS						